

CERTIFICATE OF ASSUMED BUSINESS NAME

Please type or print legibly. Instructions are included on back of application.

7	FILED EFFECTIVE
CERTIFICATE OF ASSUMED BUSINES: Pursuant to Section 53-504, Idaho Code, submits for filing a certificate of Assumed Please type or print legibly. Instructions are included on back of apprint legible.	S NAME the undersigned Business Name.
The assumed business name which the use business is: Quality Tile & Flooring	ndersigned use(s) in the transaction of
2. The true name(s) and <u>business</u> address(e business under the assumed business na Name LMB & Associates LLC W 120 964	· · · · · · · · · · · · · · · · · · ·
3. The general type of business transacted usiness and Real Estate usiness and Real Estate usiness transacted usiness transacte	Submit Certificate of Assumed Business
The name and address to which future correspondence should be addressed: LMB & Associates LLC; Kintz 1479 Kelso Lake Rd Athold, ID 83801	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgme copy is (if other than # 4 above): LMB & Associates LLC; Kintz 1479 Kelso Lake Rd	ent
Athol, ID 83801 Signature: Printed Name/ Joseph Kintz Capacity/Title: Managing Member	Secretary of State use only
Signature:	IDAHO SECRETARY OF STATE
Printed Name:	02/14/2013 05:00 CK: 1193 CT: 278247 BH: 1360292 1 8 25.00 = 25.00 ASSUM NAME # 2

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Capacity/Title: